REMARKS

Claims 38 and 40 were rejected under 35 U.S.C. §102a and/or e as being anticipated by US Pat. 6,074,213 (Hon). Claim 38 describes a method for providing instruction on the use of a medical device to a user computer, the method comprising providing a medical device control object in a first graphical user interface, the medical device control object simulating a control of the medical device; providing a medical device first aid instrument object in the first graphical user interface or a second graphical user interface, the medical device first aid object simulating a first aid component of the medical device; allowing a trainee to interact with the medical device control object and medical device first aid instrument object by manipulation of the displayed medical device control object and medical device first aid instrument object in the first or second graphical user interface; and providing feedback in response to interacting with the medical device control object and medical device first aid instrument object, the feedback indicating the correctness of the interaction with the medical device control object and the medical device first aid instrument object. The Hon patent describes a system for enabling a medical or surgical team to train in treating a single patient together while at separate locations. The keys to making this possible are the use of a computer network to provide a "virtual patient" which each individual can see on a computer screen (*e.g.*, 40,41,42) at his/her location, and "psychomotor inputs" by which each participant can carry out his/her part of the medical procedure, including the physical devices shown in Figs. 6-8 which simulate the devices used in the procedure; and a computer which responds to inputs from the psychomotor devices to develop responses to their use or interaction. It is seen that there are numerous differences between the Hon system and the medical device instructional method of Claim 38. First of all, Hon does not instruct the use of a medical device, he enables remotely located team members to practice a medical procedure together. Secondly, medical device control objects and medical device first aid instrument objects are not provided in a graphical user interface, they are provided as the tangible psychomotor devices shown for instance in Figs. 6-8. The computer screens in Hon are used to depict the virtual patient to each participant. Third, this means that there cannot be interaction with medical device control objects and medical device first aid instrument objects on a

graphical user interface. Fourth, there is no feedback indicating the correctness of such interaction. Instead, the results of interaction of the psychomotor devices with the virtual patient and with each other is simply presented by the Hon computer. Whether this interaction is correct or appropriate is left to the users to decide. Since the psychomotor devices are not meant to simulate actual medical devices but only to provide the effects of use of actual medical devices, the Hon system assumes that the participants in a training exercise are already skilled in the use of those medical devices, whereas an embodiment of the present invention may be designed to instruct basic, novice users on the use of a medical device such as an AED.

The Examiner responded to these arguments by pointing out that Claim 38 does not instruct the use of a medical device but on provides for "instructional information on the use of a medical device," which the Examiner contends is a broader and different category of informational presentation. Accordingly Claim 38 and the other independent claims in the application have been amended to specifically recite that the invention relates to "providing instruction on the use of a medical device. Second, the Examiner accuses applicant's representative of mis-characterizing the concept of a "graphical user interface" (GUI). Applicant's representative respectfully submits that the standard concept of a GUI is used in the present application and in the Hon patent. The Examiner overlooks that the GUI called for in Claim 38 displays two things: a medical device control object simulating a control of a medical device, such as the simulated shock button 1024 depicted in Fig. 10, and a medical device first aid instrument object simulating a first aid component of the medical device, such as the electrode pads 820 in Fig. 8. Fig. 9 shows the patient after the trainee has manipulated the simulated electrode pads to place them on their proper locations on the patient. It is not a medical training system with just a GUI which is being claimed but a specific GUI with these two objects displayed for manipulation during the instruction. Third, the Examiner states that Hon does show a system providing feedback to the users indicating the correctness of any interaction with the system but, as mentioned above, a reading of Hon shows that the system provides feedback in the form of a virtual patient response to movement of a psychomotor device. If a user pumps the balloon of the ventilator 46 the virtual patient's chest may move up and down, for instance, or if a user moves a cutting instrument the virtual patient will be seen to be cut. The

correctness or appropriateness of these inputs is left for the user to discern. By contrast, indicating the correctness or appropriateness of an action to the user is a claimed feature of the present invention. Finally, the Examiner took issue with the benefit of an embodiment of the present invention mentioned above, which is its suitability for training novice users who are unable to themselves judge the correctness or appropriateness of a manipulation of one of the displayed medical device objects. The Examiner argues that the Hon system is designed for use by medical professionals, which it is, and further argues that all medical professionals were at some earlier point in their careers novices, which is also true. The Examiner then concludes that the Hon system can provide training for users who are novices, which is a *non sequitur*. The Hon patent describes two types of users, one of whom is engaged in:

> "Advanced Cardiac Life Support, a medical practice which must have high coordination of information input, decision-making, prompt execution of decisions, and application of psychomotor skills timed with the rest of the team activity to save lives." (col. 3, lines 16-21)

the other type of user is a member of:

> "The surgical team, each of whom may have far more precise qualifications than members of the spontaneously assembled Advanced Cardiac Life Support team." (col. 3, lines 59-62)

Obviously, neither of these are novices by any definition of the term.

For all of these reasons it is respectfully submitted that Hon cannot anticipate Claim 38 or its dependent claims including Claim 40.

Claims 1-25, 39, 41-43 and 44-47 were rejected under 35 U.S.C. §103(a) as being unpatentable over Hon in view of various combinations with US Pat. 5,791,907 (Ramshaw et al.), US Pat. 6,321,113 (Parker et al.), and US Pat. 5,645,571 (Olson et al.) The Examiner states that applicant's representative argued that Ramshaw et al. does not teach the selection of an appropriate choice among a plurality of medical devices for use in their training program. Applicant's representative never made such an argument, for this is exactly what Ramshaw et al. do. They give an example of a screen showing several instruments for the user to choose from for the next stage of a procedure. If the user does not know which one to pick, a hint screen will display an output leading the user to the correct answer (col. 9, lines 37-47). The user, however, has no interaction with a control or

instrument object which is critiqued as to appropriateness or correctness. The user is simply led to the correct answer to a multiple choice instrument quiz. Parker et al. and Olson et al. likewise have no displayed control or instrument objects with which a user interacts and is critiqued as to appropriateness or correctness of interaction. Accordingly it is respectfully submitted that Ramshaw et al., Parker et al. and Olson et al. add nothing to Hon which would render Claims 1-25, 38-43 and 44-47 unpatentable. In addition the use of a list of instructional topics on one screen and an associated list of instructional subtopics on another screen, recited in Claims 1, 14 and 26, is not found in any of the citations. Accordingly it is respectfully submitted that Claims 1-25, 39, 41-43 and 44-47 are patentable over the four cited patents for this further reason.

In view of the foregoing amendment and remarks, it is respectfully submitted that Claims 38 and 40 are not anticipated by Hon and that Claims 1-25, 39, and 41-47 are patentable over any combination of Hon, Ramshaw et al., Parker et al. and Olson et al. Accordingly it is respectfully requested that the rejection of Claims 38 and 40 under 35 U.S.C. §102 and of Claims 1-25, 39, and 41-47 under 35 U.S.C. §103 be withdrawn. Alternatively it is respectfully requested that the above amendment be entered to put the case into better form for appeal.

In light of the foregoing amendment and remarks, it is respectfully submitted that this application is now in condition for allowance. Favorable reconsideration is respectfully requested.

Respectfully submitted,

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